



C L A I M S					
	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$690.00 (101)
Total Claims	19	MINUS 20 =	0	x \$18.00 (103)	000.00
Independent Claims	1	MINUS 3 =	0	x \$78.00 (102)	000.00
If multiple dependent claims are presented, add \$260.00 (104)					000.00
Total Application Fee					690.00
If verified Statement claiming small entity status is enclosed, subtract 50% of Total Application Fee					000.00
Add Assignment Recording Fee if Assignment document is enclosed					000.00
<b>TOTAL APPLICATION FEE DUE</b>					<b>690.00</b>

- ☐ This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.
- ☒ A check in the amount of \$ 690.00 is enclosed for the fee due.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- ☒ The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning the present application to:


James A. LaBarre  
Burns, Doane, Swecker & Mathis, L.L.P.  
P.O. Box 1404  
Alexandria, Virginia 22313-1404.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: June 5, 2000

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620

By:   
James A. LaBarre  
Registration No. 28,632